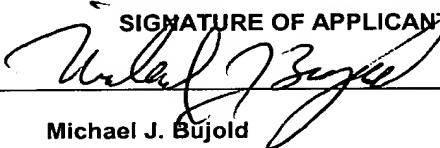




RCE/
Jew

<p style="text-align: center;">Request for Continued Examination (RCE) Transmittal</p> <p>Address to: Mail Stop RCE Commissioner for Patents P. O Box 1450 Alexandria, VA 22313-1450</p>	<p>Application Number 09/889,326</p> <p>Filing Date with an effective filing date of January 7, 2000</p> <p>First Named Inventor Gerhard HARTWICH</p> <p>Art Unit 1637</p> <p>Examiner Name Heather Calamita</p> <p>Attorney Docket Number PATKRI P02AUS</p>	
<p>This is a Request for Continued Examination (RCE) under 37 CFR 1.114 of the above-identified application. Request for Continued Examination (RCE) practice under 37 CFR 1.114 does not apply to any utility or plant application filed prior to June 8, 1995, or to any design application. See Instruction Sheet for RCEs (not to be submitted to the USPTO) on page 2.</p>		
<p>1. Submission required under 37 CFR 1.114 Note: If the RCE is proper, any previously filed unentered amendments and amendments enclosed with the RCE will be entered in the order in which they were filed unless applicant instructs otherwise. If applicant does not wish to have any previously filed unentered amendment(s) entered, applicant must request non-entry of such amendment(s).</p> <p>a. <input checked="" type="checkbox"/> Previously submitted. If a final Office action is outstanding, any amendments filed after the final Office action may be considered as a submission even if this box is not checked.</p> <p>i. <input type="checkbox"/> Consider the arguments in the Appeal Brief or Reply Brief previously filed on _____</p> <p>ii. <input checked="" type="checkbox"/> Other: Please consider the Response filed on July 31, 2006.</p> <p>b. <input type="checkbox"/> Enclosed</p> <p>i. <input type="checkbox"/> Amendment/Reply</p> <p>ii. <input type="checkbox"/> Affidavit(s)/Declaration(s)</p> <p>iii. <input type="checkbox"/> Information Disclosure Statement (IDS)</p> <p>iv. <input type="checkbox"/> Other _____</p>		
<p>2. Miscellaneous</p> <p>a. <input type="checkbox"/> Suspension of action on the above-identified application is requested under 37 CFR 1.103(c) for a period of _____ months. (Period of suspension shall not exceed 3 months. Fee under 37 CFR 1.17(i) required)</p> <p>b. <input checked="" type="checkbox"/> Other _____</p>		
<p>3. Fees The RCE fee under 37 CFR 1.17(e) is required by 37 CFR 1.114 when the RCE is filed.</p> <p>a. <input type="checkbox"/> The Director is hereby authorized to charge the following fees, any underpayment of fees, or credit any overpayments to Deposit Account No. 04-0213. I HAVE ENCLOSED A DUPLICATE COPY OF THIS SHEET.</p> <p>i. <input checked="" type="checkbox"/> RCE fee required under 37 CFR 1.17(e)</p> <p>ii. <input type="checkbox"/> Extension of time fee (37 CFR 1.136 and 1.17)</p> <p>iii. <input type="checkbox"/> Other _____</p> <p>b. <input checked="" type="checkbox"/> Check in the amount of \$395.00 is enclosed.</p> <p>c. <input type="checkbox"/> Payment by credit card (Form PTO-2038 enclosed)</p>		
<p>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</p>		
<p>SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED</p>		
Signature:		
Name:	Michael J. Bujold	Date: August 22, 2006
		Registration No.: 32,018
<p>CERTIFICATE OF MAILING OR TRANSMISSION</p> <p>I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to Mail Stop RCE, Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313-1450 or facsimile transmitted to the U.S. Patent and Trademark Office on the date shown below.</p>		
Signature:		
Name:	Michael J. Bujold	
		Date: August 22, 2006

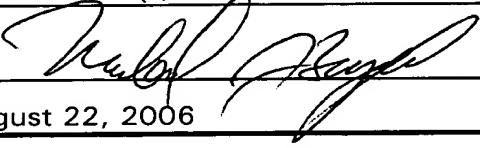
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

TRANSMITTAL FORM <small>AUG 24 2006 (to be used for all correspondence after initial filling) PATENT & TRADEMARK OFFICE</small>		Application Number	09/889,326
		Filing Date	with an effective filing date of January 7, 2000
		First Named Inventor	Gerhard HARTWICH
		Group Art Unit	1634
		Examiner Name	Heather Calamita
			Fax: (571) 273-8300
Total No. of Pages in this Submission: 3		Attorney Docket Number	PATKRI P02AUS

ENCLOSURES (check all that apply)

- | | | |
|---|---|--|
| <input checked="" type="checkbox"/> Fee Transmittal Form <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Fee attached | <input type="checkbox"/> Assignment papers
<i>(for an Application)</i> | <input type="checkbox"/> After Allowance Communication to Group |
| <input type="checkbox"/> Amendment/Response <ul style="list-style-type: none"> <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) | <input type="checkbox"/> Drawing(s) | <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences |
| <input type="checkbox"/> Extension of Time Request
<i>(in Duplicate)</i> | <input type="checkbox"/> Licensing-related Papers | <input type="checkbox"/> Appeal Communication to Group
<i>(Appeal Notice, Brief, Reply Brief)</i> |
| <input type="checkbox"/> Express Abandonment Request | <input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition
<i>(DELETED - no longer useful)</i> | <input type="checkbox"/> Proprietary Information |
| <input type="checkbox"/> Information Disclosure Statement | <input type="checkbox"/> To Convert a Provisional Petition | <input type="checkbox"/> Status Letter |
| <input type="checkbox"/> Certified Copy of Priority Document(s) | <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address | <input checked="" type="checkbox"/> Additional Enclosure(s)
<i>(please identify below):</i> |
| <input type="checkbox"/> Response to Missing Part/s Incomplete Application <ul style="list-style-type: none"> <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Terminal Disclaimer | Return Receipt Postcard
Request for Continued Exam |
| | <input type="checkbox"/> Small Entity Statement | |
| | <input type="checkbox"/> Request for Refund | |

REMARKS**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

Firm or Individual Name	Michael J. Bujold DAVIS & BUJOLD, P.L.L.C.	Reg. No. 32,018 CUSTOMER NO. 020210
Signature		
Date	August 22, 2006	

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on August 22, 2006

Type or printed name	Michael J. Bujold
Signature	
	Date: August 22, 2006 (cmp)

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

 Effective on 12/08/2004. <small>Fee pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).</small>		Complete if Known	
		Application No. Filing Date First Named Inventor Examiner Name Art Unit	09/889,326 with an effective filing date of January 7, 2000 Gerhard HARTWICH Heather Calamita 1634
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Attorney Docket No. PATKRI P02AUS	
TOTAL AMOUNT OF PAYMENT: \$395.00			

METHOD OF PAYMENT (check all that apply)

- Check Credit Card Money Order None Other (please identify): _____
- Deposit Account Deposit Account Number 04-0213 Deposit Account Name: DAVIS & BUJOLD, P.L.L.C

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

- Charge fee(s) indicated below Charge fee(s) indicated below except for the filing fee
- Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments
under 37 CFR 1.16 and 1.17

WARNING: Information on this form may become public. Credit card information should not be included on the this form. Provide credit card information and authorization on PTO-2038.

FEE CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

<u>Application Type</u>	<u>FILING FEES</u>		<u>SEARCH FEES</u>		<u>EXAMINATION FEES</u>		
	<u>Fee (\$)</u>	<u>Small Entity Fee (\$)</u>	<u>Fee (\$)</u>	<u>Small Entity Fee (\$)</u>	<u>Fee (\$)</u>	<u>Small Entity Fee (4)</u>	<u>Fees Paid (\$)</u>
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES

<u>Fee Description</u>	<u>Fee (\$)</u>	<u>Small Entity Fee (\$)</u>
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	200	100
Multiple dependent claims	360	180

$$\text{Total Claims} - 20 \text{ or HP} = \frac{\text{Extra Claims}}{} \times \frac{\text{Fee ($)}}{} = \frac{\text{Fee Paid ($)}}{} \quad \begin{array}{l} \text{Multiple Dependent Claims} \\ \hline \text{Fee ($)} \quad \text{Fee Paid ($)} \end{array}$$

$$\text{Indep. Claims} - 3 \text{ or HP} + \frac{\text{Extra Claims}}{} \times \frac{\text{Fee ($)}}{} = \frac{\text{Fee Paid ($)}}{} \quad \begin{array}{l} \text{Multiple Dependent Claims} \\ \hline \text{Fee ($)} \quad \text{Fee Paid ($)} \end{array}$$

HP = highest number of independent claims paid for, if greater than 3.

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

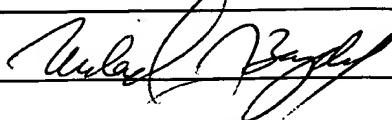
$$\text{Total Sheets} - 100 = \frac{\text{Extra Sheets}}{} / 50 = \frac{\text{No. of each additional 50 or fraction thereof}}{} \times \frac{\text{Fee ($)}}{} = \frac{\text{Fee Paid ($)}}{}$$

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount) Fees Paid (\$)

Other (e.g., late filing surcharge) Request for Continued Examination (Small Entity) \$395.00

SUBMITTED BY

Signature			Telephone (603) 226-7490
Name (Print/Type)	Michael J. Bujold	Registration No. (Atty/Agent)	32,018
		Date: August 22, 2006	